File with: and Compaign Reset Form

Luettjohann

BD.

Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A				IA ETI	HICS AND
Des Moines, lowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM SUMMARY PAGE	CA	MPAIGN D	ISCLOSURE
COMMITTEE NAME (Must b	e same as on Statement of Org	anization)	2	009 OCT 3	0 PM 2: 22
The	L Luettoham (	ampaign		FORM	J
(1)Statewide/Legislative/Judge: (4)County Central Committee (	of committee you are reporting for. Standing for Retention Candidate. (5) County Candidate (6) City Cand	اطآ	al C (	DR-2 (Rev. 07/2007) For Office Use Or Comm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name	only: .w.t.johanN	Political Party (if applicable)		Logged In Scanned	
Office Sought Wir handa	le Mayor	District (if Senate or House)	- 1	Audited	
Late reports are subject to possi	·	S15-250 -/6/3		88A.401(3), the ca 10/29 DATE S	andidate, for a
	129/09				
TARTILINOA	1 4	REPORT FOR (1) ELECTION		-ELECTION YE	AR.
	eport date)	Indicate by			
CHECK IF AMENDMENT T	O REPORT DATED		1 7	nmittees, enter Da	nte of Election
Check if this is final (terminal) (You must continue to	ation) report and attach Notice of the reports until a DR-3 is filed	of Dissolution Form DR-3. d.)	County &	Viv 3rd 2 Local Committees action is held	, enter County in
STATEM	ENT OF CASH ON HAN	D			
committee This arm	ning of the reporting period. (To bunt MUST be the same as the period or must be zero if this is f	otal of all funds held by the cash on hand at the end irst report filed.)	\$		0
	Y TAKEN IN THIS PERIOD	. ,			· ~
Schedule A: Cash C		<u> </u>	17.08		
		F)			
		ach Schedule H)			
	H applies to Candidates' Com				
<del></del> -		SUB-TOTAL	\$		
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			1	47.08
Schedule B: Expend	litures total (Attach Schedule 8)	(**also see debts and loans below)		<u> </u>	41.00
Schedule F: Loan R	epayments total (Attach Schedi	ule F)			
		port balance must be zero)			
**UNPAID BILLS (From Schei	dule D - Attach Schedule D)		\$		
		dule E)	\$		39.91
		ule F)			
CONSULTANT BREAKDOW			_	YES	NO
CANDIDATE COMMITTEES					
	PERTY (From Schedule H - Atta	ach Schedule H)	\$		
		unt bank statement in January of ea	ch year.		

Reset Form

SCHEDULE

A

MONETARY

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

Luettjohann

ONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
The Luettishann Campaign		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/19/09	ID# CK# 1872	Holly Lewis 1405 Wilden Drurbandah		\$ 25	
9/19/09	ю# ск# 7587	Jot Berhen 343 <sup>3</sup> Noth urbanduk		\$ 50	
9/19/09	ID# CK# 6341	Tackie Gardner 99% Alvine Drusbandet		25	
9/19/09	CK# 1674	nscole Bussanmus 3422 /both Clelle unbundale		¥ 100	
9/19/09	ID# CK# 2154	Angela Buistall 2355 Arkside Cir Nest Des Mains		<b>9</b> 100	
9/19/09	ID# CK# 5951	State Socialte  Styl Long marklow it  Johnston IA		125	
9/19/09	ID# CK# 7802	Linda Brice 3446 160th Sthandal		\$ 725	
9/19	CK# 1098	Gove PM sec Cy Phillips 1685 St Bell Dr marker		\$ <b>5</b> 0	
8/22	ID# CK#	unitagistic (ush contributions		<b>5347</b>	
1/30	ID# CK#	Bank Interest		.08	
			SUB-TOTAL	\$ 647.08	
		TOTAL (if last page o	of this schedule)	s	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no

	i		)
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FOR INSTRUCTIONS, SEE BACK OF FORM

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COMMITTEE NAME (Must be same as on Statement of Organization)

		-
Reset	Form	

EXPENDITURES	MONEY SPEN	IT FROM CC	MMITTEE	ACCOUNT

Rev. 07/03) EXPENDITURES

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

	The	Luftjohann Campaign	-	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/04	ID# CK#	repayment of delet reinbarsoment to success succession	Othink into town tec-shirts Osuppies from sums Hubbig Deposites (avds print Osuppies (avds print) Osuppies (avds Alvolossoment)	\$ 647.08
	ID# CK#		1) Sandwith book Alvertusement	
	ID# CK#			
	I		SUB-TOTAL TOTAL (if last page of this schedule)	\$ GY7,08 \$

THE DOY	ADDI (EQ	TO CANDID	ATES' CO	THMIT	EES ON	LY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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	TIONS, SEE BACK OF FORM  E NAME (Must be same as on Statement of Organ	nization)		SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	The Luettiohunr	- Campaign	Reset Form		THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8 5/04	Secretary of state Voter LIST			19	
8/31	ABC Signs,			813,13	
10 23	Urbandale Des Moines Register News paper Ad			4402,99	
9/30	Bunk Fee fidelity Bunk			4,79	
<del></del>			SUB-TOTAL	1	\$1239,91

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E)

TOTAL (if last page of this schedule)